

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

16-SS9632

FILING DATE

APPLICANT(S)

	CLAIMS											
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3											
TOTAL DEP.	1											
TOTAL CLAIMS	20											